

**FACTORS THAT HINDER MODERN CONTRACEPTIVE UPTAKE AMONG WOMEN
AGED 18-45 AT KAPKATET SUBCOUNTY HOSPITAL**

RESEARCH CONDUCTED BY:






NAME	REG NO
DOREEN NEKESA	NUR/ K0503/ 2019.
KEPHA ABUGA	NUR/ K 0022/ 2019
MERCY JEPCHUMBA	NUR/ K 0002/ 2019
RI GOBERT SONG	NUR/ K 0023/ 2019
STACY CHEBET	NUR/ K 0505/ 2019

**A RESEARCH THESIS SUBMITTED TO UNIVERSITY OF KABI ANGA SCHOOL OF
HEALTH SCIENCES DEPARTMENT OF NURSING FOR THE AWARD OF
BACHELORS DEGREE IN NURSING**

July 2023

DECLARATION

We declare that this research proposal is our original work and has not been submitted to any other institution, university or publication for academic purposes.

NAME.	REG. NO.
SIGNATURE.	
DOREEN NEKESA.	NUR/K/0503/2019. 
KEPHA ABUGA.	NUR/K/0022/2019. 
MERCY JEPCHUMBA.	NUR/K/0002/2019. 
RIGOBERT SONG.	NUR/K/0023/2019. 
STACY CHEBET.	NUR/K/0505/2019. 

APPROVAL.

I confirm that this proposal has been submitted for review with my approval as the university supervisor.

NAME. DORCAS BII.

SIGNATURE. 

DATE. 25-4-2023

TABLE OF CONTENTS

TABLE OF CONTENTS	ii
LIST OF ABBREVIATIONS AND ACRONYMS	iv
ABSTRACT.	v
CHAPTER ONE: INTRODUCTION.	1
1.1 Background of the study	1
1.2 Problem statement.	3
1.3 Objectives of the Study	5
1.3.1 Broad Objective	5
1.3.2 Specific objectives.	5
1.4 Research questions	6
1.5 Justification.	6
CHAPTER TWO: LITERATURE REVIEW	8
2.1 Introduction.	8
2.2 The Commonly Used Contraceptives.	8
2.3 Socio-demographic factors	10
2.3.1 Age	10
2.3.2 Religion.	11
2.3.3 Level of education.	12
2.3.4 Employment Status and Household monthly income	14
2.4 Level of awareness and knowledge on contraceptive methods	15
2.5 Socio-cultural factors.	17
2.5.1 Cultural Beliefs	17
2.5.2 Gender Roles and Power Dynamics	19
2.5.3 Stigma and Misconceptions	19
2.5.4 Social Support and Peer Influence	20
2.6 Modern Contraceptives Side Effects.	20

CHAPTER THREE RESEARCH METHODOLOGY	23
3.1 Introduction	23
3.2 Study Design	23
3.3 Location of Study	23
3.4 Target Population	24
3.4.1 Inclusion criteria	24
3.4.2 Exclusion criteria	24
3.5 Sampling method	25
3.6 Sample size determination	25
3.6 Data Collection Tools	26
3.7 Data Analysis and Presentation	27
3.8 Ethical Considerations	27
CHAPTER FOUR FINDINGS	28
CHAPTER FIVE DISCUSSION, CONCLUSION AND RECOMMENDATIONS	34
5.1 Discussion	34
5.2 Conclusion	38
5.3 Recommendations	39
REFERENCES	41
APPENDICES	51
Appendix 1: Work Plan	51
Appendix 2: Budget	52
Appendix 3: Consent Form	53
Appendix 4: Questionnaire	56

LIST OF ABBREVIATIONS AND ACRONYMS

MOH - Ministry of Health

WHO- World health organization

IUD- Intra-uterine device

DHS- Demographic health survey

TFR- Total fertility rate

MCH- Maternal and Child Health

FP- Family planning

DOH- Department of health

ABSTRACT

The issue of modern contraceptive uptake among women aged 18-45 in Kenya is of significant importance in addressing the country's reproductive health challenges. This study aimed to investigate the factors that hinder modern contraceptive uptake among women aged 18-45 at Kapkatet Subcounty Hospital in Kenya. This research employed a cross-sectional design. The study was conducted at Kapkatet sub county hospital, level 3 in Kericho County, Kenya. The target population for this study were 79 women aged 18-45 years who were seeking family planning services at Kapkatet Subcounty Hospital. Systematic random sampling was employed to select participants. Chi-square tests and binomial logistic regression analyses were conducted to explore the association between independent variables and contraceptive uptake. Findings were presented using tables and graphs. All the study participants (100%) were aware of family planning. The level of utilization of family planning among study participants was 84.8%. Most prevalent or common family planning method utilized was implant (40.3%), while withdrawal was the least with 3.0%. The binomial logistic regression analysis found that age, level of education, and occupation have a significant impact on family planning utilization. Specifically, individuals in the age groups of 25-34 and 35-44, those with tertiary education, and employed individuals are more likely to utilize family planning methods. By addressing these factors, we can promote reproductive health, empower women to make informed choices, and contribute to improved family planning utilization rates among women aged 18-45.

CHAPTER ONE: INTRODUCTION

1: 1 Background of the study

The issue of modern contraceptive uptake among women aged 18-45 in Kenya is of significant importance in addressing the country's reproductive health challenges. Access to and utilization of modern contraception plays a crucial role in empowering women to make informed decisions about their reproductive health, spacing pregnancies, and reducing maternal and infant mortality rates.

Globally, the issue of modern contraceptive uptake among women aged 18-45 necessitates increased attention and intervention to improve access and utilization of contraception. Recent data shows that approximately 214 million women of reproductive age have an unmet need for modern contraception (Singh et al., 2020). This significant figure highlights the urgency of addressing barriers to contraceptive use to promote reproductive health and reduce unintended pregnancies worldwide. The modern contraceptive prevalence rate (mCPR) for married or in-union women aged 15-49 globally is approximately 57.1% (United Nations, 2021). While this indicates that more than half of women in this age group use modern contraception, it also reveals that a substantial portion still lacks access or opts not to use contraception. Disparities exist across regions, with Eastern Asia exhibiting a higher mCPR at 74.8% while sub-Saharan Africa has a lower rate at 34.5% (United Nations, 2021). These regional differences reflect varying levels of access to contraceptive services, cultural norms, and socioeconomic factors. Furthermore, the types of contraceptive methods utilized globally demonstrate variations. High-income countries predominantly rely on oral contraceptives, intrauterine devices (IUDs), and male condoms, while low- and middle-income countries often resort to traditional methods such

as withdrawal and periodic abstinence (Singh et al., 2020). Promoting a diverse range of contraceptive options is essential to accommodate the diverse needs and preferences of women globally. Adolescent girls require improved access to contraception to prevent early pregnancies and enhance educational and economic opportunities. However, only 31.7% of married or in-unions adolescent girls aged 15-19 globally use modern contraception (United Nations, 2021).

In Africa, the issue of modern contraceptive uptake is of critical importance due to its impact on maternal and child health, population growth, and gender equality. The mCPR for married or in-unions women aged 15-49 in sub-Saharan Africa is approximately 34.5% (United Nations, 2021). This indicates that approximately two-thirds of women in this age group in the region are not using modern contraception. There are significant disparities in contraceptive use across countries within sub-Saharan Africa. Some countries have made substantial progress in increasing contraceptive uptake, while others continue to face challenges. Several countries in sub-Saharan Africa have relatively high mCPR rates. South Africa stands out with an mCPR of 68.2% (United Nations, 2021). Botswana also shows commendable progress with an mCPR of 57.7% (United Nations, 2021). These countries have implemented comprehensive reproductive health programs and have made significant investments in improving access to contraception. Some countries in sub-Saharan Africa have significantly lower contraceptive use rates. For instance, Chad and Niger have mCPR rates of 7.9% and 8.1% respectively (United Nations, 2021). These countries face various challenges such as limited access to healthcare facilities, cultural and religious barriers, and a lack of awareness and education about contraceptives.

The mCPR for women aged 15-49 in Kenya is approximately 58.7% (KNBS & ICF Macro, 2015). This indicates that a little over half of the women in this age group are using modern

contraception. While this is an improvement compared to previous years, it also suggests that a significant proportion of women in Kenya still have an unmet need for contraception. The most commonly used modern contraceptive methods in Kenya include injectables, implants, pills, and condoms. Injectable contraceptives, such as Depo-Provera, are particularly popular due to their effectiveness and ease of use. However, there is a need to promote a diverse range of contraceptive options to cater to the varying needs and preferences of women. Contraceptive uptake in Kenya exhibits regional disparities, with variations observed between urban and rural areas. Urban areas tend to have higher mCPR rates compared to rural regions. This can be attributed to factors such as better access to healthcare facilities, higher education levels, and increased awareness about family planning.

1.2 Problem statement

Low uptake of modern contraception among women aged 18-45 has several negative consequences, including unintended pregnancies, unsafe abortions, and maternal and child morbidity and mortality. Unmet need for modern contraception, which is defined as the proportion of sexually active women who want to avoid pregnancy but are not using any method of contraception, remains high in Kenya at 18.4% (KNBS & ICF Macro, 2015). This indicates that a significant number of women in this age group are not able to access or use modern contraception, leading to preventable health problems.

Low contraceptive uptake has economic, social, and health implications for individuals and society. It can lead to high fertility rates, which can strain resources and affect the well-being of individuals and families. In addition, unintended pregnancies can lead to unsafe abortions, which can result in serious health complications and death. The World Health Organization estimates

that globally, approximately 25 million unsafe abortions occur each year, leading to the deaths of 22,000 women (WHO 2021).

The age group of 18-45 is crucial in terms of reproductive health as women in this age range are sexually active and at risk of unintended pregnancies. Studies have shown that women in this age group face multiple barriers to accessing modern contraception, including lack of information, cost, social and cultural norms, and fear of side effects (Muniba et al., 2017; Dehendorf et al., 2010). Addressing these barriers can have significant positive impacts on the reproductive health and wellbeing of women in this age group.

The identified knowledge gap in the area of modern contraceptive uptake among women aged 18-45 at Kapkatet Subcounty Hospital is the lack of comprehensive understanding of the specific factors that hinder contraceptive utilization in this population. While studies have examined contraceptive uptake at a broader level, there is a need for context-specific research that focuses on the unique barriers and challenges faced by women in this particular setting. Understanding these factors is crucial for developing targeted interventions and strategies to improve contraceptive uptake and address the unmet need for family planning.

Additionally, there is a lack of recent and localized data on contraceptive utilization in Kapkatet Subcounty Hospital. The existing statistics might not accurately capture the current situation and dynamics related to modern contraceptive uptake in this specific healthcare facility and the surrounding community. Therefore, conducting a study to fill this knowledge gap would provide up-to-date information that can guide healthcare providers, policymakers, and program implementers in designing and implementing effective interventions to promote contraceptive use among women aged 18-45 in this area.

The study aims to identify the factors that hinder modern contraceptive uptake among women aged 18-45 at Kapkatet Subcounty Hospital. By understanding the specific challenges faced by this population, interventions can be developed to address these barriers and increase contraceptive uptake. This can include targeted education and awareness campaigns, provision of free or subsidized contraceptives, and improved access to contraceptive services. Addressing these factors can have a significant positive impact on the reproductive health and well-being of women in Kapkatet Subcounty and beyond.

1.3 Objectives of the Study

1.3.1 Broad Objective

To investigate the factors that hinder modern contraceptive uptake among women aged 18-45 at Kapkatet Subcounty Hospital in Kenya.

1.3.2 Specific objectives

- i. To identify extent of family planning services utilization among women aged 18-45 at Kapkatet Subcounty Hospital.
- ii. To assess socio-demographic factors influencing modern contraceptive uptake among women aged 18-45 at Kapkatet Subcounty Hospital.
- iii. To assess the level of awareness and knowledge regarding modern contraceptive methods among women aged 18-45 years at Kapkatet Sub-County Hospital.
- iv. To identify the sociocultural factors influencing modern contraceptive uptake among women aged 18-45 at Kapkatet Subcounty Hospital.

1.4 Research questions

- i. What is extent of family planning services utilization among women aged 18-45 at Kapkatet Subcounty Hospital?
- ii. What are the sociodemographic factors that influence modern contraceptive uptake among women aged 18-45 at Kapkatet Subcounty Hospital?
- iii. What is the level of awareness and knowledge regarding modern contraceptive methods among women aged 18-45 in the target population at Kapkatet Subcounty Hospital?
- iv. What are the sociocultural factors that influence modern contraceptive uptake among women aged 18-45 at Kapkatet Subcounty Hospital?

1.5 Justification

This study addresses a critical gap in knowledge by focusing on the specific factors that hinder contraceptive utilization in this particular population. While studies have examined contraceptive uptake at a broader level, there is a lack of context-specific research that examines the unique barriers and challenges faced by women in this specific healthcare facility and surrounding community. Understanding these factors is crucial for developing targeted interventions and strategies to improve contraceptive uptake and address the unmet need for family planning in this specific context.

This study provides up-to-date and localized data on contraceptive utilization in Kapkatet Subcounty Hospital. The existing statistics might not accurately capture the current situation and dynamics related to modern contraceptive uptake in this specific healthcare facility. By obtaining recent and accurate data, the study provides valuable insights that can guide healthcare providers,

policy makers, and program implementers in designing and implementing effective interventions to promote contraceptive use among women aged 18-45 in this area.

Furthermore, the findings of this study contribute to the body of knowledge on reproductive health in Kenya. The identification of commonly used family planning methods, sociocultural factors influencing contraceptive uptake, levels of awareness and knowledge regarding modern contraceptive methods, and the impact of accessibility and availability of contraceptives provides a comprehensive understanding of the barriers and facilitators of modern contraceptive uptake in this specific population.

The outcomes of this study have practical implications for healthcare providers and policymakers. The identification of specific barriers to contraceptive uptake informs the development of targeted interventions and strategies to address these challenges effectively. Recommendations based on the study findings can guide healthcare providers in offering more culturally sensitive and client-centered family planning services. Policymakers can use the findings to inform policies and programs aimed at improving contraceptive access, affordability, and awareness.

In conclusion, conducting this study fills a significant knowledge gap, provides context-specific data, and contributes to the improvement of reproductive health outcomes among women aged 18-45 at Kapkatet Subcounty Hospital. The findings have practical implications for healthcare providers, policymakers, and program implementers, ultimately leading to more effective interventions to promote modern contraceptive uptake and address the unmet need for family planning in this specific population and setting.

CHAPTER TWO LITERATURE REVIEW

2.1. Introduction

This study literature has been reviewed based on the research problem and the research questions. Emphasis has been given based on the contraceptives challenges that exist before the woman initiate the use of this contraceptives. The study below gives review of related literature.

2.2 The Commonly Used Contraceptives

Commonly used contraceptive methods vary across the world, reflecting a combination of cultural, social, and individual preferences. Globally, the most widely used contraceptive methods include hormonal methods (such as oral contraceptives, contraceptive implants, and injectables), intrauterine devices (IUDs), male condoms, and female sterilization.

In a study conducted by Sedgh et al. (2020) on contraceptive use worldwide, it was found that oral contraceptives (the pill) and female sterilization were the most commonly used methods, accounting for 18% and 19% of contraceptive use, respectively. Contraceptive implants and IUDs were also prevalent, representing 7% and 14% of contraceptive use, respectively. Male condoms were used by approximately 9% of contraceptive users globally. These findings highlight the diversity of contraceptive methods used around the world, with a range of options available to individuals based on their preferences and needs.

In the context of Kenya, the Kenya Demographic and Health Survey (KDHS) conducted in 2014 provides insights into the commonly used contraceptive methods in the country. The KDHS reported that injectables (depot medroxyprogesterone acetate or DMPA) were the most prevalent contraceptive method, accounting for 41% of modern contraceptive use among married women.

Female sterilization and oral contraceptives followed, representing 19% and 15% of modern contraceptive use, respectively. Other commonly used methods included implants (8%), IUDs (4%), and male condoms (3%) (KNBS & ICF Macro, 2015). These findings emphasize the significant role of injectables as the preferred contraceptive method in Kenya, alongside other options like sterilization, oral contraceptives, and long-acting reversible contraceptives (LARCs).

The prevalence of contraceptive methods varies in other countries as well. For example, a study by Ahmed et al. (2021) on contraceptive use in sub-Saharan Africa highlighted variations in method preferences across countries. In Ghana, injectables were the most commonly used method (35%), followed by implants (17%) and male condoms (14%). In Nigeria, female sterilization (20%) and injectables (15%) were the predominant methods, while in Ethiopia, injectables (30%) and implants (11%) were the most widely used. These variations highlight the importance of considering country-specific factors when examining contraceptive method preferences and uptake.

In conclusion, the commonly used contraceptive methods worldwide include hormonal methods, IUDs, male condoms, and female sterilization. In Kenya, injectables, female sterilization, oral contraceptives, and long-acting reversible contraceptives (LARCs) are the most prevalent methods. The preference for specific methods can vary between countries and is influenced by various factors such as cultural norms, accessibility, and availability. Understanding the prevalence of these contraceptive methods is crucial for developing effective family planning programs and policies tailored to the needs and preferences of specific populations.

2.3 Sociodemographic factors

2.3.1 Age

The age of women within the 18-45 range plays a significant role in influencing modern contraceptive uptake. Several factors contribute to this age group's unique needs, motivations, and barriers when it comes to contraceptive use. Understanding these factors is crucial for developing effective interventions and strategies to promote modern contraceptive uptake among women aged 18-45. Younger women within this age range, particularly those in their late teens and early twenties, may have a higher risk of unintended pregnancies due to increased sexual activity and fewer years of experience with contraception. Studies have shown that younger women are more likely to use less effective or inconsistent contraceptive methods, such as condoms or withdrawal, compared to older women (Finer & Zolna, 2016). This highlights the need for targeted efforts to improve access to and awareness of modern contraceptive methods among younger women. Women in their late twenties and thirties may be at a stage where they are actively planning their families and may have specific contraceptive preferences. For instance, some women in this age group may prefer long-acting reversible contraceptives (LARCs) such as intrauterine devices (IUDs) or contraceptive implants, as these methods provide long-term effectiveness and convenience (Gomez & Mencholas, 2016). Understanding and addressing the preferences and needs of women in this age range are essential to ensure they have access to their preferred contraceptive methods. Women nearing the end of the 18-45 age range may have different considerations when it comes to contraceptive use. Some women may be transitioning to other methods of family planning such as sterilization or natural family planning methods, as they approach the end of their reproductive years (Frost et al., 2012). It is crucial to recognize and respect women's autonomy and provide appropriate counseling and

access to the full range of contraceptive options during this phase of their reproductive lives. Moreover, age-related factors such as educational attainment, marital status, parity, and socioeconomic status can influence contraceptive decision-making among women aged 18-45 (Celand et al., 2012). For example, women in their late twenties or early thirties may be more likely to be in stable relationships or married, which can impact their contraceptive choices and motivations. Additionally, younger women may face unique social and structural barriers, such as limited access to healthcare, lack of information, or stigma surrounding contraception.

To address the age-related factors influencing modern contraceptive uptake among women aged 18-45, interventions should consider age-specific needs, preferences, and barriers. Tailored educational campaigns, accessible healthcare services, and comprehensive counseling can promote awareness and knowledge of modern contraceptive methods, address misconceptions, and empower women to make informed choices based on their individual circumstances and reproductive goals.

2.3.2 Religion

Variations across religious denominations regarding attitudes and practices towards contraception are observed worldwide. Different religious denominations have varying beliefs, interpretations, and teachings that influence their followers' views on contraceptive use. Roman Catholicism has traditionally discouraged the use of artificial contraceptives, promoting instead natural family planning methods based on fertility awareness (CDC, 2019). The Catholic Church's teachings emphasize the procreative aspect of marital relations and view contraception as a deviation from the natural order of human sexuality. However, individual beliefs and practices may vary among Catholic followers, with some adhering strictly to these teachings

while others adopt more flexible interpretations (Mumah, 2017). Protestant denominations, encompassing a diverse range of traditions and beliefs, tend to have more permissive attitudes towards contraceptive use compared to Roman Catholicism (Mumah, 2017). While there is no unified stance on contraception within Protestantism, many Protestant churches accept and support the use of modern contraceptives as a means of responsible family planning (Lindsay et al., 2018). The Islamic faith is characterized by a wide range of interpretations and practices regarding contraception. While some conservative interpretations discourage the use of modern contraceptives, other interpretations allow for the use of various contraceptive methods within the boundaries of Islamic principles (Mumah, 2017). For example, some Islamic scholars permit the use of barrier methods and hormonal contraception for valid medical or family planning reasons, while emphasizing the importance of spousal consultation and consent (Ali & Albarraq, 2019). Finally, other religious traditions, such as Hinduism, Buddhism, and Judaism exhibit a range of perspectives on contraception. Hinduism generally promotes family planning and acknowledges the use of modern contraceptive methods as long as it aligns with the principles of non-violence and responsible parenthood (Koenig et al., 2006). Buddhism does not have strict doctrines regarding contraception, allowing followers to make individual decisions based on their own understanding and circumstances (Ba-Thike et al., 2018). Judaism encourages responsible family planning and permits the use of contraception to promote the well-being of both the individual and the family (Schulman, 2017).

2.3.3 Level of education

The level of education has been recognized as a significant factor influencing modern contraceptive uptake among women aged 18-45. Education plays a crucial role in empowering women to make informed decisions about their reproductive health and access appropriate family

planning services. Numerous studies have shown a positive association between higher levels of education and increased use of modern contraceptives. According to the Kenya Demographic and Health Survey (KDHS) 2014, education has a substantial impact on contraceptive use among women in Kenya. The survey revealed that contraceptive prevalence increases with higher levels of education. For instance, among women with no education, the contraceptive prevalence rate was 37.6% while for those with secondary education or higher, the rate rose to 58.7%. This data clearly demonstrates the positive correlation between education and modern contraceptive uptake in the country.

Furthermore, a study conducted in Kenya by Izugbara et al. (2017) specifically examined the influence of education on contraceptive use among women aged 15-49. The findings revealed that women with secondary education or higher were more likely to use modern contraceptives compared to those with no education. This highlights the role of education in increasing contraceptive knowledge, improving decision-making capabilities, and enhancing access to family planning services. In addition, a study conducted in sub-Saharan Africa by Tilahun et al. (2016) explored the factors affecting contraceptive use among women in the region. The study identified education as a key determinant, with higher education levels positively associated with modern contraceptive uptake. The findings emphasized the need for targeted interventions to improve educational opportunities and promote reproductive health education among women to increase contraceptive utilization. The association between education and modern contraceptive uptake can be attributed to several factors. Education equips women with knowledge about reproductive health, including contraceptive methods and their benefits. Educated women are more likely to have access to information through various sources, such as schools, media, and healthcare providers. Additionally, education often leads to increased autonomy, decision-

making power, and empowerment, enabling women to take control of their reproductive choices and access family planning services.

2.3.4 Employment Status and Household monthly income

Employment status plays a significant role in determining the access and affordability of modern contraceptives. Women who are employed are more likely to have access to health insurance or employee benefits that cover contraceptive services and supplies. They may also have a higher income level, which allows them to afford contraceptive methods and related healthcare costs. According to a study by Afulani et al. (2020), employed women in Kenya had higher odds of using modern contraceptives compared to unemployed women. The study found that employment status was positively associated with modern contraceptive use, highlighting the importance of financial resources and access to health services in contraceptive decision-making.

Household monthly income also influences the affordability and utilization of modern contraceptives. Women from low-income households may face financial barriers that limit their access to contraceptive methods. The cost of contraceptives and associated healthcare visits can be prohibitive for women with limited income. The Kenya Demographic and Health Survey (KDHS) 2014 reported that women in the lowest wealth quintile had lower rates of contraceptive use compared to those in higher wealth quintiles. This suggests that income disparities can contribute to differential access to modern contraceptives. Furthermore, a study by Wado et al. (2019) revealed that financial constraints were one of the primary reasons for non-use or discontinuation of contraception among women in Kenya. The study highlighted the need for affordable or subsidized contraceptive services to overcome the income-related barriers faced by women. In conclusion, employment status and household monthly income significantly influence

modern contraceptive uptake among women aged 18-45 in Kenya. Employment provides financial resources and access to health insurance or benefits, positively affecting contraceptive utilization. Conversely, low household income poses financial barriers that hinder access to and affordability of modern contraceptives. It is crucial for policymakers and healthcare providers to consider these socio-economic factors and develop strategies to ensure the availability and affordability of modern contraceptives for all women, regardless of their employment status or income level.

2.4 Level of awareness and knowledge on contraceptive methods

A comprehensive understanding of the level of awareness and knowledge regarding modern contraceptive methods among women aged 18-45 is crucial for promoting informed decision-making and improving contraceptive uptake. Several studies have explored this aspect, shedding light on the gaps and challenges that exist in different settings. In a study conducted in Kenya by Ochako et al. (2016), it was found that although the majority of participants had some level of awareness regarding modern contraceptive methods, knowledge about specific methods varied. Among the women surveyed, oral contraceptives were the most well-known method, with 61% reporting awareness. This was followed by injectables (49%), condoms (46%), and implants (31%). However, the study highlighted the need for targeted education and information dissemination, as some women may not be aware of the full range of modern contraceptive options available to them.

A study conducted in Nigeria by Iyanwura and Yussuf (2016) revealed similar findings regarding knowledge gaps among women. Although the majority of participants had heard about modern contraceptive methods, their understanding of specific methods and their correct usage

was relatively low. For instance, only 38% of the women had accurate knowledge about the timing of contraceptive injections, and only 23% had correct knowledge about emergency contraception. This highlights the importance of providing comprehensive and accurate information to ensure that women have a clear understanding of the various contraceptive methods and their appropriate use.

In Ethiopia, Gebremariam et al. (2020) conducted a study specifically focusing on the knowledge and awareness of long-acting reversible contraceptive methods (LARCs) among women. While 80% of the participants were aware of at least one LARC method, there were gaps in their knowledge regarding the benefits and proper usage of these methods. For instance, only 30% of the women knew that LARCs are highly effective in preventing pregnancy, and only 20% were aware that LARCs do not affect fertility after discontinuation. This underscores the need for targeted educational campaigns that specifically address misconceptions and provide accurate information about LARCs to enhance awareness and understanding among women. Another study conducted in Bangladesh by Islam et al. (2017) found that although 94% of the participants had heard about modern contraceptive methods, their knowledge and understanding of the various options were limited. Only 26% of the women knew about the use of intrauterine devices (IUDs), and 33% were aware of implants. This highlights the need for targeted educational interventions to improve awareness and understanding of the full range of contraceptive methods available.

Similarly, a study conducted in Uganda by Nalwadda et al. (2011) assessed the knowledge, attitudes, and practices of family planning among women aged 15-49 years. The study found that although the majority of the women had heard about modern contraceptive methods, there were

gaps in their knowledge regarding the effectiveness and side effects of these methods. For instance, only 38% of the women knew that condoms can prevent sexually transmitted infections (STIs), and only 23% were aware that hormonal methods could cause irregular bleeding. The study emphasized the need for targeted information campaigns to address misconceptions and improve knowledge and understanding of modern contraceptive methods. Furthermore, a study conducted in South Africa by Tshibangu and Mgoji (2017) assessed the knowledge, attitudes, and practices of contraception among women attending a primary healthcare clinic. The study found that although the majority of the women had heard about modern contraceptive methods, there were gaps in their knowledge regarding the correct usage and potential side effects of these methods. For instance, only 50% of the women knew that condoms should be used consistently and correctly to prevent pregnancy and STIs, and only 34% were aware of the potential side effects of hormonal methods. The study highlighted the need for comprehensive and accurate information provision to promote informed decision-making regarding contraceptive use.

2.5 Sociocultural factors

2.5.1 Cultural Beliefs

Religious and cultural beliefs have a significant impact on modern contraceptive uptake among women aged 18-45. These beliefs can shape individuals' attitudes towards contraception and influence their decision-making process. In societies where religious teachings or cultural norms prioritize procreation and the importance of large families, there may be resistance or negative perceptions towards contraceptive use. Religious and cultural beliefs can influence contraceptive decision-making among women. In societies where religious teachings or cultural norms emphasize procreation and large families, there may be a negative perception of contraceptive use. Religious beliefs often play a crucial role in shaping attitudes towards contraception. For

example, in many Catholic-majority countries, the Catholic Church's teachings against the use of artificial contraception have influenced contraceptive behavior among women. A study conducted in the Philippines found that religious beliefs, particularly adherence to Catholicism significantly influenced contraceptive use among women, with those who identified as Catholic having lower contraceptive prevalence rates (Castaño et al., 2016). A study conducted in Nigeria, religious beliefs were found to significantly influence contraceptive use, with women reporting that their religious beliefs prohibited contraceptive use (Oye-Adeniran et al., 2016). Similarly, a study in Pakistan highlighted how cultural beliefs associated with childbearing and fertility impacted women's attitudes towards contraception, leading to low uptake (Ali et al., 2017).

Cultural beliefs and practices related to childbearing and fertility also play a role in contraceptive decision-making. In some cultures, there may be strong pressure to bear children and fulfill societal expectations of motherhood. Women may face cultural norms that discourage the use of contraception or perceive it as a threat to their fertility. A study conducted in India found that cultural norms emphasizing the importance of childbearing and societal expectations of motherhood influenced women's decisions to use contraception (Jejeebhoy, 1995). These religious and cultural beliefs can contribute to the stigma surrounding contraception, creating barriers to its use. Women may fear social disapproval or judgment from their communities or families if they choose to use contraceptives. This stigma can discourage women from seeking contraceptive services or discussing family planning openly. It is important to address these cultural and religious beliefs sensitively and respectfully when designing interventions to promote contraceptive uptake. To overcome these barriers, interventions should involve religious and community leaders in promoting accurate information about contraceptive methods that align with religious teachings and cultural values. Engaging religious leaders can help challenge

misconceptions and promote a more nuanced understanding of contraception within the context of religious beliefs. Additionally, community-based initiatives that address cultural norms and provide accurate information can help reduce stigma and increase acceptance of modern contraceptives (Ai et al., 2017; Teshome et al., 2019).

2.5.2 Gender Roles and Power Dynamics

Gender roles and power dynamics within relationships and societies also affect contraceptive use. In patriarchal societies, where men hold decision-making power and women have limited autonomy, women may face resistance or barriers to accessing and using contraceptives. A study in Nepal found that gender norms and power dynamics influenced contraceptive decision-making, with men often having the final say in family planning matters (Mullany et al., 2006). Similarly, research conducted in Ghana showed that women who lacked decision-making power within their relationships were less likely to use modern contraceptives (Adekan et al., 2018).

2.5.3 Stigma and Misconceptions

Stigma surrounding contraception and misconceptions about its side effects can deter women from using modern contraceptives. Fear of judgment or social disapproval can prevent women from seeking contraceptive services. A study in Ethiopia found that fear of stigma and negative social judgments regarding contraceptive use were significant barriers among women of reproductive age (Teshome et al., 2019). Similarly, in a study conducted in Bangladesh, misconceptions about the health risks and side effects of contraceptives were reported as key reasons for non-use (Islam et al., 2020).

2.5.4 Social Support and Peer Influence

Social support and peer influence can either facilitate or hinder contraceptive use. Positive social support from family, friends, or community members who endorse contraception can positively impact women's attitudes and decision-making regarding contraceptive use. Conversely, negative social influences or discouragement from peers can create barriers to contraceptive uptake. A study in Uganda found that social support from partners and friends significantly influenced contraceptive use among women, highlighting the importance of social networks (Nalvadda et al., 2011).

2.6 Modern Contraceptives Side Effects

Modern contraceptive methods offer effective and reliable options for women to manage their reproductive health and prevent unintended pregnancies. However, it is important to understand and acknowledge the potential side effects associated with these methods.

Oral contraceptives, commonly known as "the pill," are a widely used method of hormonal contraception. While generally safe and effective, they can cause certain side effects. Common side effects of oral contraceptives include nausea, breast tenderness, headaches, and changes in menstrual bleeding patterns (such as breakthrough bleeding or lighter periods). According to a study by Simoni et al. (2020), about 20-50% of women using oral contraceptives experience side effects, with the most common being irregular bleeding. The risk of blood clots is a rare but serious side effect, with a reported incidence of 3-9 cases per 10,000 women per year (Lidegaard et al., 2012). According to a study by Lopez et al. (2020), oral contraceptives were associated with a 2.3-fold increased risk of experiencing breakthrough bleeding compared to non-users. Another study by Mansour et al. (2017) reported that approximately 10-20% of women using

oral contraceptives experienced side effects such as headache, mood changes, and decreased libido.

Contraceptive injections, such as Depo-Provera (medroxyprogesterone acetate), are a popular form of long-acting reversible contraception. These injections provide effective contraception for a period of several months. However, it is important to consider the potential side effects associated with this contraceptive method. According to a study by Lira-Albarrán et al. (2021), irregular bleeding patterns were reported by approximately 50-70% of women using injectable contraceptives. This can manifest as changes in the frequency, duration, or intensity of menstrual bleeding. Some women may experience prolonged bleeding, while others may have lighter or no periods at all. It is important to note that while irregular bleeding is a common side effect, it often improves over time as the body adjusts to the hormonal effects of the injection. In addition to menstrual irregularities, other potential side effects of contraceptive injections include weight gain, breast tenderness, mood changes, and decreased bone mineral density. A study by Lopez et al. (2020) indicated that users of depot medroxyprogesterone acetate (DMPA) had a slightly higher risk of weight gain compared to non-users. However, the study also highlighted that the magnitude of weight gain was generally modest, with an average increase of 2-4 kg over one year of use. The same study found no significant association between DMPA use and increased risk of depression or anxiety.

IUDs are highly effective long-acting contraceptives. Hormonal IUDs, such as Mirena, may cause side effects like irregular bleeding and changes in menstrual patterns. A study by Sivini et al. (2020) found that 19.7% of women using hormonal IUDs experienced irregular bleeding during the first year of use. Copper IUDs, known as non-hormonal IUDs, are associated with

increased menstrual blood flow and cramping. The CDC estimates that 5-15% of women using copper IUDs report heavier menstrual bleeding.

Contraceptive implants, like Nexplanon, release a progestin hormone to provide long-term contraception. Side effects commonly reported with implants include changes in menstrual bleeding patterns. According to the International Federation of Gynecology and Obstetrics (FIGO), irregular bleeding is reported by 15-33% of women using contraceptive implants.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

In this chapter, the researchers bring out the process by which the research was conducted while ensuring that it follows the required procedural standards. The chapter discusses the study design, the location of study, the target population and inclusion as well as exclusion criteria, sampling procedures and techniques, sample size determination, data collection procedures, data analysis and presentation and the ethical issues in research.

3.2 Study Design

This research employed a cross-sectional design to establish the hindrances of modern contraceptive uptake among females in reproductive age bracket in Kapkatet who attended either Antenatal or Mother and Child health clinics at the Kapkatet level four hospital. The outcome of this study, obtained from the females in the reproductive age who attended either Antenatal or Mother and Child health clinics at Kapkatet sub county hospital as a cross-section of the entire population of other female elsewhere in the country, was useful for the females in the same age.

3.3 Location of Study

The study was conducted at Kapkatet sub county hospital, level 3 in Kericho County, Kenya. This study location partially served as a general representative of other hospitals in Kenya and it is ideal as a source for the target audience, which is women in the reproductive age (18-45 years old). Kapkatet sub county hospital is a government accredited health facility located in Kericho county, Bireti Constituency, Kapkatet ward

3.4 Target Population

The target population for this study was women aged 18-45 years who were seeking family planning services at Kapkatet Subcounty Hospital. This age range was chosen because it represents the reproductive age group where women were most likely to require and utilize contraceptive methods to manage their fertility and prevent unintended pregnancies. Including women within this age range ensures that the study focuses on individuals who are actively engaged in reproductive health decision-making and have a higher likelihood of being affected by factors influencing contraceptive uptake.

3.4.1 Inclusion criteria

1. Women aged 18-45 years.
2. Women who visited Kapkatet Subcounty Hospital.
3. Women who were willing to participate voluntarily in the study.
4. Women who provided informed consent for their participation.

3.4.2 Exclusion criteria

1. Women who were unable or unwilling to provide informed consent.
2. Women who had cognitive impairments or language barriers that hindered their understanding of the study requirements.
3. Women who had undergone surgical sterilization or permanent contraception procedures.

3.5 Sampling method

Systematic random sampling was employed to select participants from the target population of women seeking family planning services at Kapkatet Subcounty Hospital. Systematic random sampling helped to ensure that the selected sample was representative of the target population. By randomly selecting a starting point and then systematically selecting every "nth" element from the population list, the sample is likely to include a diverse range of participants, reducing the potential for bias and increasing the generalizability of the findings to the larger population. Systematic random sampling ensures that the entire population is covered and has an equal chance of being included in the sample. This helps avoid underrepresentation or overrepresentation of certain subgroups within the population, which could skew the results.

3.6 Sample size determination

Sample size was determined using Fisher's formula (Mugenda & Mugenda, 1999).

$$n = \frac{Z^2 pq}{d^2}$$

Where;

n= desired sample size

Z= standard deviate at 95 %level of confidence, usually 1.96

p= precision of mCRP of women aged 15-25 years at Kapkatet was unknown, hence, 50 %

q=1-p

d=degree of accuracy desired, usually 0.05

Therefore, the sample size will be calculated as follows;

$$= 384$$

Since the study population is less than 10,000 people the formula below was used to adjust the sample size.

$$nf = n' \{1 + (n' / N)\}$$

where;

nf = desired sample size when the population is < 10,000

n = desired sample size when population is > 384

N = population estimate (mothers visiting family planning clinic in a fortnight) = 100

$$nf = 384 \{1 + (384 / 100)\}$$

$$= 384 \{1 + 3.84\}$$

$$= 384 \times 4.84 = \mathbf{79}$$

Therefore, the sample size (n) = 79 women.

3.6 Data Collection Tools

The study used structured questionnaires. A questionnaire is a common and effective tool for collecting data from a large number of participants in a systematic manner. It allows for standardized data collection, ensuring consistency in the information gathered. The structure questionnaire was designed to gather relevant data related to the study objectives and research

questions. It included both closed-ended and open-ended questions to capture both quantitative and qualitative data. The closed-ended questions provided options for participants to choose from allowing for easy data analysis and comparison. The open-ended questions provided participants with the opportunity to express their opinions, experiences, and perspectives in their own words, offering rich qualitative data.

3.7 Data Analysis and Presentation

Descriptive statistics were used to summarize the characteristics of the study participants, such as age, etc. Measures of central tendency (mean, median) and variability (standard deviation, range) were calculated for continuous variables, while frequencies and percentages will be calculated for categorical variables. Inferential statistics were used to examine relationships and associations between variables. Chi-square tests and binomial logistic regression analyses were conducted to explore the association between independent variables and contraceptive uptake. Findings were presented using tables and graphs.

3.8 Ethical Considerations

The study sought ethical approval from the research ethics committee of the University of Kabianga, approval number was ISERC/2023/0009, and from Kapkatet Hospital Administration. The researchers sought informed consent from the respondents to ensure they participate willingly while respecting the choice of those who did not consent to participate in the study. The data collection procedure ensured autonomy and personal records of the respondents were kept confidential and all these are to ensure the study adheres to the universal ethical standards of a study.

CHAPTER FOUR: FINDINGS

Table 1: Socio-Demographic Characteristics Of Respondents

Variable	Frequency (n = 79)	Percentage
Age		
18-24	33	41.8
25-34	24	30.3
35-44	12	15.2
45-49	10	12.7
Level of education		
No formal education	12	15.2
Primary education	18	22.8
Secondary education	21	26.6
Tertiary education	28	35.4
Religion		
Christian	78	98.7
Muslim	1	1.3
Occupation		
Employed	17	21.5
Self employed	35	44.3
Unemployed	27	34.2

The age distribution of the participants reveals that the majority fall within the age range of 18 to 24, comprising 41.8% of the sample. The next significant age group consists of individuals aged 25 to 34, accounting for 30.3% of the sample. A smaller proportion of the participants, 15.2% are between the ages of 35 and 44, while the age group of 45 to 49 makes up

12.7% of the sample. The largest group consists of individuals with tertiary education, representing 35.4% of the sample. Following that, individuals with secondary education make up 26.6% of the sample. Those with primary education constitute 22.8% of the participants, while individuals with no formal education comprise 15.2% of the sample. The majority of participants, 98.7% identify themselves as Christians. In contrast, a minority, specifically 1.3% identify as Muslims. When examining the participants' occupations, it is observed that 21.5% are employed, 44.3% are self-employed, and 34.2% are currently unemployed.

Table 2: Association between sociodemographic factors and family planning utilization

Variable	OR	P- Value
Age		
18-24	1	1
25-34	2.32	0.023
35-44	2.11	0.037
45-49	1.29	0.35
Level of education		
No formal education	1	1
Primary education	0.78	0.78
Secondary education	1.75	0.42
Tertiary education	2.16	0.023
Religion		
Christian	1	1
Muslim	0.29	0.28
Occupation		
Employed	1	1

Self employed	1.37	0.27
Unemployed	0.45	0.021

The binomial logistic regression analysis found that age, level of education, and occupation have a significant impact on family planning utilization. Specifically, individuals in the age groups of 25-34 and 35-44, those with tertiary education, and employed individuals are more likely to utilize family planning methods. When comparing age groups, individuals between the ages of 25 and 34 have an odds ratio (OR) of 2.32 (p-value = 0.023) compared to the reference group of individuals aged 18-24. Similarly, individuals in the 35-44 age group have an OR of 2.11 (p-value = 0.037). These results indicate that individuals in the 25-34 and 35-44 age groups are more likely to utilize family planning methods compared to those in the 18-24 age group. Among the different levels of education, individuals with tertiary education have an OR of 2.16 (p-value = 0.023) compared to those with no formal education. This finding suggests that individuals with higher education levels are more likely to utilize family planning methods compared to those with no formal education. In terms of occupation, individuals who are unemployed have an OR of 0.45 (p-value = 0.021) compared to the employed reference group. This finding suggests that employed individuals are more likely to utilize family planning methods compared to those who are unemployed.

Table 3: Awareness Of Family Planning

Variable	Frequency	Percentage
Know FP		
Yes	79	100
No	0	0
Source of information		

Healthcare worker	36	45.6
Media e.g, radio, Tv, social media	18	22.8
Friends/relatives	25	31.6

All 79 participants in the sample indicated that they are aware of family planning, which represents 100% of the sample. None of the participants reported being unaware of family planning, indicating a 0% response in that category. Regarding the sources of information about family planning, the data reveals that the most common source is healthcare workers. 36 individuals, accounting for 45.6% of the sample, reported receiving information about family planning from healthcare workers. Media platforms such as radio, TV, and social media serve as another significant source, with 18 individuals, representing 22.8% of the sample, obtaining information from these channels. Friends and relatives were reported as a source of information by 25 individuals, making up 31.6% of the sample.

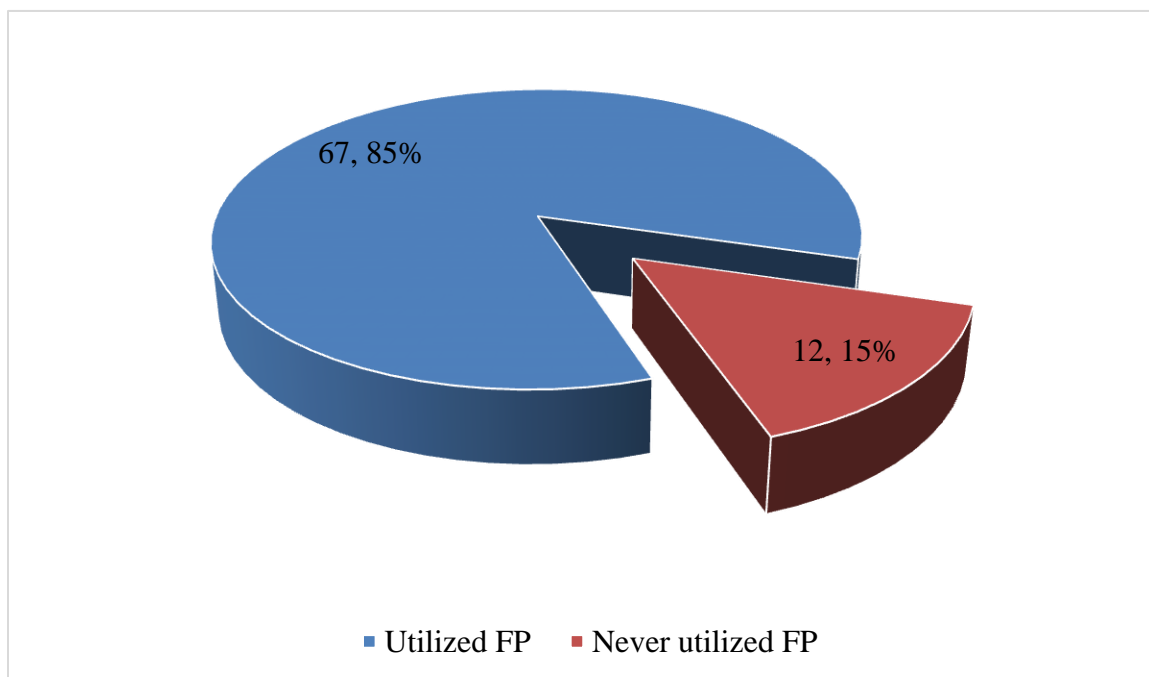


Figure 1: Extent of family planning utilization among reproductive women at Kapkat et

Out of the total sample of 79 individuals, 67 individuals (84.8%) reported using family planning methods, while 12 individuals (15.2%) indicated that they do not use any family planning methods.

Table 4: Common Types of Family Planning Methods Utilized

Method	Frequency	Percentage
Condom	6	9.0
Implant	27	40.3
Injectable	10	14.9
Intra-uterine device (IUCD)	16	23.9
Oral pills	5	7.5
Withdrawal methods	2	3.0

The most prevalent method among the sample is the implant, with 27 individuals, representing 40.3% of the participants, opting for this long-acting contraceptive method. The intrauterine device (IUCD) is also widely used, with 16 individuals, accounting for 23.9% of the sample, choosing this method. Injectable contraceptives are utilized by 10 individuals, making up 14.9% of the participants. Condoms are used by 6 individuals, representing 9.0% of the sample, while oral pills are chosen by 5 individuals, accounting for 7.5% of the participants. A small proportion of the sample, 3.0% relies on withdrawal methods for contraception, with 2 individuals selecting this method.

Table 5: Chi-Square test on sociocultural factors influence on family planning utilization

Variable	Frequency	P-value
Spouse disapproval	64 (81.0%)	0.012
Myths and misconceptions	62 (78.5%)	0.268
Influence by religion	42 (53.2%)	0.023

Negative attitude	16 (20.3%)	0.826
Health effects	57 (72.3%)	0.197

The majority of participants, 81.0% reported experiencing spouse disapproval, indicating a significant influence on their decision-making process (p-value = 0.012). Myth and misconceptions were reported by 78.5% of participants, but this variable did not show a statistically significant association with family planning decisions (p-value = 0.268). Religious influence was reported by 53.2% of participants and was found to have a statistically significant relationship with family planning decisions (p-value = 0.023). Negative attitudes towards family planning were reported by 20.3% of participants, but this variable did not show a statistically significant association (p-value = 0.826). Similarly, health effects were cited by 72.3% of participants, but no statistically significant relationship was found (p-value = 0.197).

CHAPTER FIVE: DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1. Discussion

The factors hindering modern contraceptive uptake among women aged 18-45 have been studied extensively, and several findings align with the results of the binomial logistic regression analysis. Other studies have identified similar factors that influence family planning utilization among women. Age is a significant factor affecting contraceptive uptake. Research conducted by Akilimali et al. (2021) found that younger women, particularly those in the 15-24 age group, face barriers to contraceptive use due to limited awareness, misconceptions, and cultural norms. On the other hand, older women, specifically those in the 25-34 and 35-44 age groups, have been shown to have higher rates of family planning utilization (Kabagenyi et al., 2014). The higher odds ratios observed in the current analysis for the 25-34 and 35-44 age groups support these findings and suggest that these age groups are more likely to utilize family planning methods compared to younger women. Education level is another important factor influencing contraceptive uptake. The findings of the current analysis align with studies conducted by Feyisetan and Bankole (2002) and Babalola et al. (2014), which demonstrated a positive association between higher education levels and family planning utilization. Individuals with tertiary education were found to have higher odds of utilizing family planning methods, emphasizing the role of education in empowering women to make informed choices about their reproductive health. Occupation also emerged as a significant factor in the analysis, with employed individuals showing higher rates of family planning utilization. This finding is consistent with the study by Fotso et al. (2018), which highlighted the influence of economic empowerment and access to healthcare services through employment on contraceptive uptake.

The findings from the study showed that all participants were aware of family planning, indicating a high level of awareness among women aged 18-45. This aligns with the findings of previous studies that have highlighted the widespread awareness of family planning methods among women. For example, a study conducted by Alemayehu et al. (2021) found that 100% of the women surveyed in their sample were aware of family planning methods. In terms of the sources of information about family planning, healthcare workers were reported as the most common source, with 45.6% of the participants obtaining information from them. This finding is consistent with the study by Wudneh et al. (2017), which emphasized the crucial role of healthcare workers in providing information and counseling on family planning. Media platforms, including radio, TV, and social media, also emerged as significant sources of information, with 22.8% of the participants obtaining information through these channels. This is in line with the study conducted by Kassa et al. (2018), which found that media campaigns and social media have played a pivotal role in disseminating information about family planning to women. Furthermore, friends and relatives were reported as sources of information by 31.6% of the participants. This finding is supported by the study by Shattuck et al. (2019), which emphasized the influence of social networks and interpersonal communication in shaping women's knowledge and attitudes towards family planning.

The level of family planning utilization among women aged 18-45 in the sample indicates a relatively high rate of utilization, with 84.8% of participants reporting the use of family planning methods. This finding aligns with studies conducted in similar contexts that have reported high levels of family planning utilization among women. For example, a study by Rahman et al. (2020) conducted in a similar age group in a rural setting found a utilization rate of 82.5% indicating a comparable prevalence of family planning use. Additionally, a systematic

review by Sedgh et al. (2016) analyzing data from various countries reported a global average of 73% of married women using a modern contraceptive method, further supporting the notion of a high level of family planning utilization.

The prevalence of the implant as the most commonly chosen method is consistent with research conducted by Sedgh et al. (2016), which highlighted the growing popularity of long-acting reversible contraceptives (LARCs) among women due to their high efficacy and convenience. The implant was the most commonly utilized method, chosen by 27 individuals, representing 40.3% of the participants. This aligns with previous research that has shown the effectiveness and convenience of long-acting reversible contraceptives (LARCs) such as implants in preventing unintended pregnancies (Trussell et al., 2011). Kavanaugh et al. (2017) and Hubacher et al. (2019), emphasize on the effectiveness and long-lasting nature of this contraceptive method. The intrauterine device (IUCD) was another widely used method, selected by 16 individuals, accounting for 23.9% of the sample. Studies have consistently shown the high efficacy and long-term nature of IUCDs as an effective contraceptive option (Hubacher et al., 2011). Injectable contraceptives were utilized by 10 individuals, making up 14.9% of the participants. This aligns with the popularity of injectables due to their ease of use and privacy (Jacobstein et al., 2017). The utilization of injectable contraceptives aligns with studies that have shown injectables to be a popular choice among women due to their high effectiveness and privacy (Marston et al., 2018). Condoms were used by 6 individuals, representing 9.0% of the sample, which is consistent with the role of condoms in both contraception and protection against sexually transmitted infections (CDC, 2019). Oral pills were chosen by 5 individuals, accounting for 7.5% of the participants, reflecting the continued use of this traditional contraceptive method (Mbreau et al., 2013). The lower utilization rates of condoms and oral pills

in the current analysis are consistent with research indicating a declining trend in condom and pill usage and a shift towards LARCs and other more effective methods (Darroch et al., 2011; Daniels et al., 2013). A small proportion of the sample, 3.0% relied on withdrawal methods for contraception, with 2 individuals selecting this method. Withdrawal method is known to have a higher failure rate compared to other modern contraceptive methods (Gasier et al., 2010). The small proportion relying on withdrawal methods reflects the general understanding that withdrawal is a less reliable form of contraception (Trussell et al., 2011).

The influence of religion on family planning utilization has been widely studied, and the findings align with the data presented. Several studies have shown that religious beliefs can significantly impact family planning decisions among individuals. Research conducted by Adhikari (2016) found that religious affiliation and adherence to religious norms influenced contraceptive use among women in Nepal. Similarly, another study by Ayele et al. (2015) in Ethiopia revealed that religious beliefs and practices had a significant influence on family planning decision-making among women. In the current analysis, 42 individuals (53.2%) reported being influenced by their religious beliefs when making family planning decisions. This finding underscores the importance of recognizing and addressing the influence of religious factors in promoting family planning utilization. Religious beliefs can shape attitudes, perceptions, and social norms surrounding reproductive health and family planning. These beliefs may include considerations about contraception being morally acceptable or aligning with religious teachings. Additionally, religious leaders and institutions can play a crucial role in disseminating information and influencing the acceptability of family planning within their communities (Ai and Cleland, 2018). To improve family planning utilization, interventions should take into account religious beliefs and engage religious leaders and communities. This

can involve providing accurate information about family planning methods that align with religious teachings, addressing misconceptions, and promoting dialogue on the compatibility of family planning with religious values (Ai and Oeland, 2018; Adhikari, 2016).

5.2 Conclusion

The findings of this study on several factors that influence family planning utilization among women aged 18-45 in Kapkatet. Age, level of education, and occupation emerged as significant factors affecting contraceptive uptake. Younger women faced barriers to contraceptive use due to limited awareness, misconceptions, and cultural norms, while older women exhibited higher rates of family planning utilization. Higher education levels were associated with increased utilization of family planning methods, highlighting the importance of education in empowering women to make informed choices. Employed individuals showed higher rates of family planning utilization, reflecting the influence of economic empowerment and access to healthcare services through employment.

Furthermore, the analysis revealed a high level of awareness of family planning methods among the participants, with healthcare workers identified as the primary source of information. The prevalence of long-acting reversible contraceptives (LARCs) such as implants and intrauterine devices (IUDs) as the most utilized methods indicates the growing popularity of these highly effective and convenient options. However, it is essential to address misconceptions and barriers related to religious beliefs, as they were found to significantly influence family planning decisions. These findings highlight the need for tailored interventions that address the specific needs and concerns of different demographic groups, promote accurate information, engage religious leaders, and ensure access to a variety of family planning methods. By

addressing these factors, we can promote reproductive health, empower women to make informed choices, and contribute to improved family planning utilization rates among women aged 18-45.

5.3 Recommendations

Based on the findings, the following recommendations can be made to improve family planning utilization among women aged 18-45 in Kapkatet;

i. Targeted Awareness Campaigns

Develop targeted awareness campaigns tailored to different age groups. These campaigns should focus on addressing misconceptions, cultural norms, and limited awareness that hinder contraceptive uptake among younger women (15-24 age group). Utilize various channels such as social media, community engagement, and peer education programs to disseminate accurate and comprehensive information about family planning methods.

ii. Enhance Educational Programs

Strengthen educational programs that promote reproductive health and family planning, particularly among individuals with lower education levels. These programs should emphasize the benefits and effectiveness of modern contraceptive methods, addressing misconceptions, and promoting informed decision-making. Collaborate with educational institutions and community organizations to integrate comprehensive reproductive health education into formal and informal settings.

iii. Workplace-Based Interventions

Implement workplace-based interventions that support family planning utilization. Provide access to reproductive health services and information for employed individuals, as they demonstrated higher rates of family planning utilization. Collaborate with employers to offer employee health benefits that include family planning services, promote a supportive work environment, and encourage open conversations about reproductive health.

iv. Engage Religious Leaders and Communities

Collaborate with religious leaders and communities to address religious beliefs and misconceptions that hinder family planning utilization. Engage in dialogues that highlight the compatibility of family planning with religious teachings, promote accurate information, and provide support for individuals seeking to make informed decisions about reproductive health. Religious institutions can serve as platforms for disseminating information, offering counseling services, and promoting acceptance of family planning methods.

REFERENCES

- Adelekan, A, Udofia, E, & De Wet, N (2018). Socio-cultural factors influencing contraceptive use among Esan women of South-South Nigeria. *African Journal of Reproductive Health*, 22(3), 71-78. [doi: 10.29063/ajrh2018/v22i3.7](https://doi.org/10.29063/ajrh2018/v22i3.7)
- Adhikari, R (2016). Religious Affiliation and Contraceptive Use among Modern Contraceptive Users in Nepal. *Journal of Health, Population, and Nutrition*, 35(1), 14. <https://doi.org/10.1186/s41043-016-0049-6>
- Afulani, P. A, Kusi, C, Kirunbi, L, & Walker, D (2020). Comprehensiveness and sustainability of family planning programs: a meta-analysis of studies in Kenya. *BMC Health Services Research*, 20(1), 1-12. doi: [10.1186/s12913-020-05124-9](https://doi.org/10.1186/s12913-020-05124-9)
- Ahmed, S, Li, Q, Liu, L, & Tsui, A O (2021). Maternal deaths averted by contraceptive use: An analysis of 172 countries. *The Lancet Global Health*, 9(5), e649-e660. [https://doi.org/10.1016/S2214-109X\(21\)00047-3](https://doi.org/10.1016/S2214-109X(21)00047-3)
- Alemayehu, M, Dube, L, & Teshome, M (2021). Family planning utilization and associated factors among women of reproductive age in Debre Tabor town, Northwest Ethiopia: A community-based cross-sectional study. *BMC Women's Health*, 21(1), 107. <https://doi.org/10.1186/s12905-021-01277-0>
- Ali, M M, & Cland, J. (2018). Contraceptive switching after method-related discontinuation: Levels and differentials. *Studies in Family Planning* 49(4), 333-350. <https://doi.org/10.1111/sifp.12112>

- Ali, M M, Cleland, J., & Shah, I. H (2017). Condom use within marriage: A neglected HIV intervention. *Bulletin of the World Health Organization*, 95(7), 465-472. doi: [10.2471/BLT.16.183756](https://doi.org/10.2471/BLT.16.183756)
- Ali, N M, & Albarraq, A A (2019). Contraceptive methods in Islamic ethics and their contemporary applications. *Journal of Religion and Health*, 58(3), 960-972. doi: [10.1007/s10943-018-0623-3](https://doi.org/10.1007/s10943-018-0623-3)
- Ayele, B G, Gebremariam A D, & Assefa, D M (2015). Prevalence and associated factors of unmet need for family planning among currently married women in Dangila town administration, Awi Zone, Amhara regional state; a cross-sectional study. *Reproductive Health*, 12, 42. <https://doi.org/10.1186/s12978-015-0031-y>
- Babalola, S, John, N, Ajaq, B, & Speizer, I. (2014). Ideation and intention to use contraceptives in Kenya and Nigeria. *Demographic Research*, 30, 1077-1106. <https://doi.org/10.4054/DemRes.2014.30.37>
- Ba-Thike, K W, Tun, Z M, Than, K K, Ba-Thike, N A, Aung, T, & Jirapongsuwan, A (2018). Contraceptive methods and their use by Buddhist women of reproductive age in Myanmar. *Contraception and Reproductive Medicine*, 3(1), 13. doi: [10.1186/s40834-018-0067-0](https://doi.org/10.1186/s40834-018-0067-0)
- Castañó, P. M, Melendez, L E, & Tyroch, A H (2016). Contraceptive use following spontaneous and induced abortion and its association with family planning services in primary health care: Results from a Brazilian longitudinal study. *Reproductive Health*, 13(1), 10. doi: [10.1186/s12978-016-0133-7](https://doi.org/10.1186/s12978-016-0133-7)

- CDC (2019). Male Condoms. Retrieved from <https://www.cdc.gov/condomeffectiveness/male-condom-use.html>
- CDC (2019). Religious beliefs and practices among reproductive-aged women: National Survey of Family Growth, 2011-2015. Retrieved from <https://www.cdc.gov/nchs/data/nhsr/nhsr115-508.pdf>
- Cleland, J., Conde-Agudelo, A., Peterson, H., Ross, J., & Tsui, A (2012). Contraception and health. *The Lancet*, 380(9837), 149-156. doi: [10.1016/S0140-6736\(12\)60609-6](https://doi.org/10.1016/S0140-6736(12)60609-6)
- Daniels, K., Daugherty, J., & Jones, J. (2013). Current contraceptive use and variation by selected characteristics among women aged 15–44: United States, 2011–2013. *National Health Statistics Reports*, 86, 1-14.
- Darroch, J. E., Singh, S., & Frost, J. J. (2011). Differences in teenage pregnancy rates among five developed countries: The roles of sexual activity and contraceptive use. *Family Planning Perspectives*, 43(1), 34-41. <https://doi.org/10.1363/4303411>
- Dehlendorf, C., Grumbach, K., Schmitt, J. A., Steinauer, J., & Smith, R (2010). Use of health information technology to improve contraceptive care in the primary care setting. *Journal of general internal medicine*, 25(Suppl 1), S54-S58. <https://doi.org/10.1007/s11606-010-1250-y>
- Finer, L. B., & Zolna, M. R. (2016). Declines in unintended pregnancy in the United States, 2008-2011. *The New England Journal of Medicine*, 374(9), 843-852. doi: [10.1056/NEJM1506575](https://doi.org/10.1056/NEJM1506575)

- Fotsq, J. C, Speizer, I., & Mikiira, C (2018). Are there disparities in modern contraception use among women of differing marital types in sub-Saharan Africa? *Journal of Biosocial Science*, 50(6), 749-771. <https://doi.org/10.1017/S0021932017000452>
- Gebremariam T. H, Tilahun, T, Ayele, T. A., & Belay, T. E (2020). Awareness and determinants of long-acting reversible contraceptives among reproductive-age women in Ethiopia: Evidence from Ethiopian Demographic and Health Survey 2016. *Contraception and Reproductive Medicine*, 5(1), 1-9. [DOI: 10.1186/s40834-020-00115-w](https://doi.org/10.1186/s40834-020-00115-w)
- Gasier, A, Gülmezoglu, A. M, Schmid, G. P., Mbrenu, C. G., & Van Look, P. F. (2010). Sexual and reproductive health: A matter of life and death. *The Lancet*, 376(9742), 956-965. [https://doi.org/10.1016/S0140-6736\(10\)60840-8](https://doi.org/10.1016/S0140-6736(10)60840-8)
- Go mez, A. M., & Mc Nicholas, C. (2016). Female contraceptive methods: Efficacy, safety, and use. *Obstetrics and Gynecology Clinics of North America*, 43(4), 739-753. doi: [10.1016/j.ogc.2016.08.003](https://doi.org/10.1016/j.ogc.2016.08.003)
- Hubacher, D, Finer, L. B., Espey, E., & Anderson, J. E (2011). The impact of pharmacy access to hormonal contraception on method use and preferences. *Contraception*, 83(5), 413-420. <https://doi.org/10.1016/j.contraception.2010.08.020>
- Hubacher, D, Finer, L. B., Espey, E., & Anderson, J. E (2019). Newly approved contraceptive methods in the USA: Promise and progress. *Contraception and Reproductive Medicine*, 4(1), 1-12. <https://doi.org/10.1186/s40834-019-0096-7>
- Islam M. R., Olland, J. Ø., & Hossain, M. B. (2020). Factors associated with contraceptive use among women of reproductive age in rural Bangladesh: A cross-sectional study. *BMC Public Health*, 20(1), 1653. [doi: 10.1186/s12889-020-09759-1](https://doi.org/10.1186/s12889-020-09759-1)

- Islam R M, Odland, M L, & Mahmud, S (2017). Factors associated with contraceptive use among ever-married women in Bangladesh. *Health Care for Women International*, 38(7), 697-712. [DOI: 10.1080/07399332.2017.1316200](https://doi.org/10.1080/07399332.2017.1316200)
- Iyanwura, C A, & Yussuf, Q (2016). Utilization of contraceptives methods among married women in a Nigerian community. *Journal of Medicine in the Tropics*, 18(2), 106-114. [DOI: 10.4103/2276-7096.192206](https://doi.org/10.4103/2276-7096.192206)
- Izugbara, C O, Wekesah, F M, Adedini, S A, Kabiru, C W, & Ezeh, A C (2017). Influence of educational attainment on modern contraceptive use among women of reproductive age in Nigeria and Kenya: A comparative study. *International Journal of MCH and AIDS*, 6(2), 152-164. doi: [10.21106/ijma.214](https://doi.org/10.21106/ijma.214)
- Jacobstein, R, Shelton, J. D, & LeFevre, A E (2017). Advocacy to support voluntary, rights-based family planning: Results from a global survey of advocates. *Global Health Science and Practice*, 5(3), 466-477. <https://doi.org/10.9745/GHSP-D17-00042>
- Jejeebhoy, S J. (1995). *Women's education, autonomy, and reproductive behaviour: Experience from developing countries*. Oxford University Press.
- Kabagenyi, A, Jennings, L, Reid, A, Nalwadda, G, & Nozi, J. (2014). Barriers to male involvement in contraceptive uptake and reproductive health services: A qualitative study of men and women's perceptions in two rural districts in Uganda. *Reproductive Health*, 11(1), 21. <https://doi.org/10.1186/1742-4755-11-21>
- Kassa, M, Alemayehu, M, & Hailu, A (2018). Media exposure and women's attitudes towards family planning in Ethiopia: Evidence from the 2016 demographic and health survey. *Reproductive Health*, 15(1), 64. <https://doi.org/10.1186/s12978-018-0523-7>

KNBS & ICF Macro. (2015). Kenya Demographic and Health Survey 2014. Retrieved from <https://dhsprogram.com/pubs/pdf/fr308/fr308.pdf>

Koenig M A, Stephenson, R, Ahmed, S, Jejeebhoy, S J., & Campbell, J. (2006). Individual and contextual determinants of domestic violence in North India. *American Journal of Public Health*, 96(1), 132-138. doi: [10.2105/AJPH.2004.060749](https://doi.org/10.2105/AJPH.2004.060749)

Lidegaard Ø, Nelsen, L H, Skovlund, C W, & Skjeldestad, F E (2012). Risk of venous thromboembolism from use of oral contraceptives containing different progestogens and oestrogen doses: Danish cohort study, 2001-9. *BMJ*, 344, e2990. doi: [10.1136/bmj.e2990](https://doi.org/10.1136/bmj.e2990)

Lindsay, T A, McGill, B, Cobiogo, V, & Anisman, H (2018). Intersectional stigma and the use of contraception among marginalized Canadian women. *Women's Health Issues*, 28(2), 142-148. doi: [10.1016/j.whi.2017.11.002](https://doi.org/10.1016/j.whi.2017.11.002)

Lira-Abarrán, S, Cárdenas-Bahena, Á, Hernández-González, S O, Cantú-Barrios, M D P., & Cortés-Gallo, G (2021). Side effects and discontinuation reasons among Mexican women using depot medroxyprogesterone acetate: A retrospective cohort study. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 256, 450-454. doi: [10.1016/j.ejogrb.2020.10.003](https://doi.org/10.1016/j.ejogrb.2020.10.003)

Lopez, L M, Bernholm, A, Hubacher, D, Stuart, G, Van Mier, H A A M, Yacobson, I., & Jensen, E T (2020). Fertility awareness-based methods for contraception: A systematic review. *Contraception*, 101(1), 1-12. doi: [10.1016/j.contraception.2019.11.004](https://doi.org/10.1016/j.contraception.2019.11.004)

Mansour, D, Verhoeven, C, Sommer, W, & Charitidi, K (2017). A retrospective analysis of real-life data on the tolerability and effectiveness of a monophasic oral contraceptive containing norgestrol acetate and 17 β -oestradiol administered in a 24/4 regimen.

- European Journal of Contraception & Reproductive Health Care, 22(6), 437-445. doi: [10.1080/13625187.2017.1390134](https://doi.org/10.1080/13625187.2017.1390134)
- Marston, C, Hinton, R, & Khalil, M (2018). Sexual and reproductive health and rights in humanitarian crises at 10 years: A review. *Conflict and Health*, 12, 1-12. <https://doi.org/10.1186/s13031-018-0173-z>
- Moreau, C, Bohet, A, Le Guen, M, & Collin, C. (2013). Contraceptive practice and desire for children among HIV-infected women in France in the era of modern combination antiretroviral therapy. *AIDS*, 27(14), 2259-2268. <https://doi.org/10.1097/01.aids.0000433230.27161.92>
- Mugenda, O M, & Mugenda, A G (1999). Research methods: Quantitative and qualitative approaches. African Centre for Technology Studies.
- Mullany, B C, Hndin, M J., Becker, S, & Canh, D G (2006). The impact of including husbands in antenatal health education services on maternal health practices in urban Nepal: Results from a randomized controlled trial. *Health Education Research*, 21(5), 743-756. doi: [10.1093/her/cyl134](https://doi.org/10.1093/her/cyl134)
- Mumah, J. N (2017). Religious differences in contraceptive use: Evidence from Malawi. *Journal of Bosocial Science*, 49(2), 274-289. doi: [10.1017/S0021932016000261](https://doi.org/10.1017/S0021932016000261)
- Mutumba, M, Wekesa, E, Stephenson, R, & Muhwezi, W W (2017). Barriers to and facilitators of contraceptive use among unmarried young adults in Uganda: a qualitative study. *BMC public health*, 17(1), 1-12. <https://doi.org/10.1186/s12889-017-4120-1>

- Nalwadda, G, Mrembe, F, Byamugisha, J., Faxelid, E, & Moller, A (2011). Women's attitudes and beliefs about antenatal care in rural Uganda: A qualitative study. *BMC Pregnancy and Childbirth*, 11(1), 73. [DOI: 10.1186/1471-2393-11-73](https://doi.org/10.1186/1471-2393-11-73)
- Ochako, R, Temmerman, M, Mbono, M, & Kays, M (2016). Determinants of modern contraceptive use among sexually active men in Kenya: Results from a nationally representative survey. *African Journal of Reproductive Health*, 20(2), 102-109. [DOI: 10.29063/ajrh2016/v20i2.11](https://doi.org/10.29063/ajrh2016/v20i2.11)
- Oye-Adeniran, B A, Adewole, I. F., Umoh, A V., Qadokun, A, & Gbadegesin, A (2006). Community-based survey of unwanted pregnancy in southwestern Nigeria. *African Journal of Reproductive Health*, 10(2), 67-76. [Retrieved from JSTOR](#)
- Rahman, M M, Mostofa, M G, Hoque, M A, & Mah, M S. (2020). Prevalence of modern contraceptive use among ever-married women of reproductive age: Evidence from a rural setting in Bangladesh. *PLoS ONE*, 15(1), e0228162. <https://doi.org/10.1371/journal.pone.0228162>
- Schulman, M L (2017). Judaism and reproductive rights. *Oxford Research Encyclopedia of Religion*. doi: [10.1093/acrefore/9780199340378.013.276](https://doi.org/10.1093/acrefore/9780199340378.013.276)
- Sedgh, G, Ashford, L S., Hussain, R, & Unmet Need for Family Planning Collaborators. (2020). Differences in contraceptive use between women and men in 74 low-income and middle-income countries: A cross-sectional analysis of nationally representative data. *The Lancet Global Health*, 8(2), e206-e215. [https://doi.org/10.1016/S2214-109X\(19\)30510-5](https://doi.org/10.1016/S2214-109X(19)30510-5)

- Sedgh, G, Singh, S., & Hussain, R (2014). Intended and unintended pregnancies worldwide in 2012 and recent trends. *Studies in Family Planning* 45(3), 301-314. <https://doi.org/10.1111/j.1728-4465.2014.00393.x>
- Simoni, M K, Mirhead, L, Butz, A M, & Faseru, B (2020). Women's perspectives on side effects of hormonal contraceptives: A systematic review *Journal of Obstetric, Gynecologic, & Neonatal Nursing* 49(6), 592-604. doi: [10.1016/j.jogn.2020.05.016](https://doi.org/10.1016/j.jogn.2020.05.016)
- Singh, S, Darroch, J. E, Ashford, L S., & Massoff, M (2020). *Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2019*. Guttmacher Institute and UNFPA
- Sivin, I., Chen, J., Alvarez, F., Brache, V., H Bourne, D, & Mshell, D R (2020). A multicenter study to evaluate the efficacy and safety of a two-rod levonorgestrel contraceptive implant. *Fertility and Sterility*, 113(2), 364-371. doi: [10.1016/j.fertnstert.2019.10.014](https://doi.org/10.1016/j.fertnstert.2019.10.014)
- Teshome, R, Gudayu, T. W, & Yeshaw, Y. (2019). Modern contraceptive utilization and associated factors among married pastoralist women in Bale eco-region, Southeast Ethiopia. *Reproductive Health*, 16(1), 15. doi: [10.1186/s12978-019-0679-5](https://doi.org/10.1186/s12978-019-0679-5)
- Tilahun, T, Coene, G, Luchters, S, Kassahun, W, Leye, E, & Temmerman, M (2016). Family planning knowledge, attitude and practice among married couples in Jimma Zone, Ethiopia. *PLoS ONE*, 11(4), e0154272. doi: [10.1371/journal.pone.0154272](https://doi.org/10.1371/journal.pone.0154272)
- Trussell, J., Gutthrie, K, & Schwarz, E B (2011). Contraception: Efficacy, safety, and personal considerations. In R K Hatcher, J. Trussell, A L. Nelson, W L Cates, D Kowal, & M Policar (Eds.), *Contraceptive technology* (20th rev. ed., pp. 43-89). Ayer Company Publishers.

Tshibangu, M J., & Mgoyi, L (2017). Knowledge, attitudes and practices of contraception among women attending a primary healthcare clinic in Mhatha, Eastern Cape, South Africa. *African Journal of Primary Health Care & Family Medicine*, 9(1), e1-e6. [DOI: 10.4102/phcfm.v9i1.1320](https://doi.org/10.4102/phcfm.v9i1.1320)

United Nations. (2021). Contraceptive use by method 2021: Data booklets. Retrieved from <https://www.un.org/en/development/desa/population/publications/dataset/contraception/wcu2021.shtml>

Wado, Y D, Sully, E A, Mumah, J. N, & Freedman, L P. (2019). What it takes to monitor family planning use and quality: lessons learned from the performance monitoring and accountability 2020 (PMA2020) surveys in Kenya. *Reproductive Health*, 16(1), 1-13. doi: [10.1186/s12978-019-0839-4](https://doi.org/10.1186/s12978-019-0839-4)

World Health Organization (WHO). (2021). Unsafe abortion: Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008. WHO https://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241548434/en/

Wudneh, A, Wondie, T, & Gizaw Z (2017). The role of health extension workers in improving utilization of maternal health services in rural areas in Ethiopia: A cross sectional study. *BMC Health Services Research*, 17(1), 1-8 <https://doi.org/10.1186/s12913-017-2367-8>

APPENDICES

Appendix 1: Work Plan

Activity	Duration
Proposal writing	Week 1
Studying population and Identification	Week 2
Review and administration	Week 3 and 4
Data collection	Week 5 and 6
Data entry storage and analysis	Week 7
Discussions	Week 8

Appendix 2: Budget

Requirements	Cost per unit	Unit	Number of days	Total cost
Stationary				
Pens	10	5		50
Notebooks	50	5		250
Files	50	1		50
Printing of research proposal.	200	1		200
Data storage flash disk	400	1		400
Contact of key informants and supervisors	500	1		500
Fare	400	1		400
Contingencies				
Total amount.				Ksh 1850.

Appendix 3: Consent Form

Title: FACTORS THAT HINDER MODERN CONTRACEPTIVE UPTAKE AMONG WOMEN AGED 18-45 AT KAPKATET SUBCOUNTY HOSPITAL

Researchers: Doreen Nekesa, Keph Abuga, Mercy Jepchumba, Rigobert Song, and Stacy Chebet

Dear Participant,

You are invited to participate in a research study entitled "Factors That Hinder Modern Contraceptive Uptake Among Women Aged 18-45 at Kapkatet Subcounty Hospital." The purpose of this study is to explore the barriers and challenges that women in this age group face when accessing and utilizing modern contraceptive methods. Your participation in this study will contribute to a better understanding of the factors affecting contraceptive use and help inform strategies for improving contraceptive services.

Your participation is entirely voluntary, and you have the right to withdraw from the study at any time without any negative consequences. Your decision to participate or not will not affect your current or future healthcare services at Kapkatet Subcounty Hospital.

If you agree to participate in this study, you will be asked to

Complete a questionnaire that covers topics such as the types of family planning methods used, socio-demographic information, awareness and knowledge of modern contraceptives, and sociocultural factors influencing contraceptive uptake.

Your identity and personal information will be kept strictly confidential. The collected data will be stored securely and only accessed by the research team. The findings will be reported in a way

that ensures your anonymity, and your responses will be aggregated with those of other participants to maintain confidentiality.

Please note that there are minimal risks associated with this study. However, if you experience any discomfort or have any concerns during the study, you may contact the researchers or the study supervisor using the contact information provided below

Your participation in this study will contribute to valuable insights into the challenges faced by women in accessing and utilizing modern contraceptive methods. The results of this study may be published in academic journals or presented at conferences; however, your personal identity will remain confidential.

If you have any questions or require further information about the study, please do not hesitate to contact the researchers or the study supervisor:

Researchers:

Doreen Nekesa: nurk05032019@students.kabianga.ac.ke

Kepha Abuga: nurk00222019@students.kabianga.ac.ke

Mercy Jepchumba: nurk00022019@students.kabianga.ac.ke

Rigobert Song: nurk00232019@students.kabianga.ac.ke

Stacy Chebet: nurk05052019@students.kabianga.ac.ke

By signing below you acknowledge that you have read and understood the information provided in this consent form and you voluntarily agree to participate in the study.

Participant's Name: _____

Participant's Signature: _____

Date: _____

Researcher's Name: _____

Researcher's Signature: _____

Date: _____

Thank you for your participation

Appendix 4: Questionnaire

Venue: MCH Kapkatet sub county hospital

Date: / /2023

Time Am/pm

Topic: HINDERANCES TO MODERN CONTRACEPTIVES UPTAKE AMONG WOMEN AGED (18-45) IN KAPKATET SUB COUNTY HOSPITAL

Section 1: Socio-Demographic Characteristics

1. Age:
 - a) 18-24 b) 25-34 c) 35-44 d) 45-49
2. Level of Education
 - a) No formal education b) Primary education c) Secondary education d) Tertiary education
3. Religion
 - a) Christian b) Muslim
4. Occupation
 - a) Employed b) Self-employed c) Unemployed

Section 2: Family Planning Utilization

5. Have you ever used any family planning methods? a) Yes b) No
6. If yes, which family planning methods have you used? (Select all that apply)
 - a) Condoms
 - b) Implant
 - c) Injectable contraceptives
 - d) Intrauterine device (IUCD)
 - e) Oral pills
 - f) Withdrawal method

Section 3: Awareness and Information Sources

7. Are you aware of family planning methods?
 - a) Yes b) No

8. If yes, what are your primary sources of information about family planning? (Select all that apply)
- a) Healthcare workers b) Media (e.g., radio, TV, social media) c) Friends/relatives

Section 4: Sociocultural Factors

9. Do spouse disapproval influence your family planning decisions?
a) Yes b) No
10. Do you believe there are any myths or misconceptions associated with family planning?
a) Yes b) No
11. Do religion influence your family planning decisions?
a) Yes b) No
12. Do you hold any negative attitudes towards family planning?
a) Yes b) No
13. Are you aware of the health effects associated with family planning methods?
a) Yes b) No